



BEST AVAILABLE COPY

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/666,090

Filing Date

September 19, 2003

First Named Inventor

Robert C. Lam et al.

Art Unit

1771/Conf. #8977

Examiner Name

Arden B. Sperty

Attorney Docket Number

02074/02091

ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/
Incomplete Application



Reply to Missing Parts
under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a
Provisional Application



Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC



Appeal Communication to Board
of Appeals and Interferences



Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please identify
below):

Return Postcard

Request For Continued
Examination

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Emch, Schaffer, Schaub & Porcello Co., L.P.A.

Signature

Patrick P. Pacella

Printed name

Patrick P. Pacella

Date

Jan 4, 2006

Reg. No.

25,463

CERTIFICATE OF TRANSMISSION/MAILING Express Mail: EV 547 664063US

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as ~~XXXX~~ mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: express mail

Signature

Kathy A. Burgess

Typed or printed name

Kathy A. Burgess

Date

1/4/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/666,090
Filing Date	September 19, 2003
First Named Inventor	Robert C. Lam et al.
Examiner Name	Arden B. Sperty
Art Unit	1771/Conf. #8977
Attorney Docket No.	02074/02091

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 15-0825 Deposit Account Name: Owen & Owen

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$)

- 20 or HP = x = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE Fee

790.00

SUBMITTED BY

Signature		Registration No. 25,463	Telephone 419-243-1294
Name (Print/Type)	Patrick P. Pacella	(Attorney/Agent)	Date Jan 4, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY



Mail Stop Amendment

SERIAL NO. 10/666,090 CASE NO. 02074/02091

APPLICANT(S): Robert C. Lam et al. PPP/kab

High Coefficient Friction Material With ...

THE PATENT OFFICE MAIL ROOM DATE STAMP HEREON
ACKNOWLEDGES RECEIPT OF THE FOLLOWING ITEMS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Patent Application (Spec. <u> </u> pages)
(Claims <u> </u> pages)(Abst. <u> </u> pages) | | <input checked="" type="checkbox"/> Amendment & Transmittal |
| <input type="checkbox"/> Drawing(s) (<u> </u> sheets) | | <input type="checkbox"/> I.D.S. and <u> </u> References |
| <input type="checkbox"/> Assignment | | <input type="checkbox"/> <u> </u> Extension of Time |
| <input type="checkbox"/> Declaration and Power of Attorney | | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Small Entity Declaration | | <input type="checkbox"/> Advance Patent Copy Order |
| <input type="checkbox"/> Express Mail Certificate | | <input type="checkbox"/> Maintenance Fee Transmittal |
| No. <u> </u> | | <input type="checkbox"/> TM/SM Application |
| <input type="checkbox"/> Fees \$ <u> </u> (check) | | <input type="checkbox"/> TM/SM Exhibits(3) |
| <input type="checkbox"/> Other <u> </u> | | <input type="checkbox"/> Sec. 8 & 15 Declaration |

EV439669755US